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	UTILITY	Attorney Docket	No.	JBP438		\$24
	PATENT APPLICATION	First Named Inventor or Application Identifier			ication Identifier	20.
<u>=</u> √	TRANSMITTAL				Phagocytosis And ICAM-1 Exon	ession 4 5
	(only for new nonprovisional applications under 37 CFR	Express Mail Lai	bel No.	TB150747971U	S	ý.
	APPLICATION ELEMENTS		ADD	RESS TO:	Assistant Commission	
	$^{ m N}$ See MPEP Chapter 600 concerning utility patent applic	ation contents.			Box Patent Application Washington, DC 2023	
	間1. 図 Fee Transmittal Form (ettached here P2. 図 Specification [Total Pages 61]		6	. Nucleotide	ne Computer Program and/or Amino Acid Se	quence
	(Preferred arrangement set forth below	v)			n (if applicable, all ne	cessary)
	- Descriptive Title of the Invention				Readable Copy	
	- Cross References to Related Applic				 (identical to computer over verifying identity of above 	
	 Statement Regarding Fed sponsore Reference to Microfiche Appendix 	RAD	6.		veniying identity of abov	re copies
	- Background of the Invention			ACCOMPA	NYING APPLICATION	N PARTS
	- Brief Summary of the Invention		8.	☐ Assignme	nt Papers (cover sheet &	<u> </u>
	- Brief Description of the Drawings (in	f filed)		ocument(s))		
	- Detailed Description	•			.73(b) Statement	.f Attaman
:=	 Claim(s) Abstract of the Disclosure 				n assignee) □Power o ranslation Document (if	
7	- Abstract of the bisclosure				on Disclosure Statement	
	3. Drawing(s)(35 USC 113) [Tota	I Sheets16]			1449 ☐Copies of IDS	
	4. Oath or Declaration	•			ry Amendment	
	a. Newly executed (original or copy	y)	1:		eceipt Postcard (MPEP	503)
# # # # # # # # # # # # # # # # # # #	b. ⊠ Unexecuted originalc. ☐ Copy from a prior application (3'	7 CED 1 83/d\	ر ا م		specifically itemized) Copy of Priority Docume	ant(e)
24: 22:	(for continuation/divisional check				priority is claimed)	iii(3)
1	i. Deletion of Inventor(s)		7	(p, ,	
ii La	Signed statement attached d					:
	inventor(s) named in the prio		ŀ			į
1	see 37 CFR 1.63(d)(2) and 1 5. Incorporation by Reference	.33(b).	1 19	5. Other:		
C.P. C.A. C.A. C.A.	(useable if Box 4c is checked)		'`			
3	The entire disclosure of the prior a					
(g	which a copy of the oath or declar					
	under Box 4c, is considered as be disclosure of the accompanying a					
	hereby incorporated by reference					
	16. If a CONTINUING APPLICATION, check ap					
	Continuation Divisional Confidence Continuation Divisional Confidence Confide				or application No: cation before calculating the	filing fee
ı	18. C	ORRESPOND	ENCE	ADDRESS		
	Customer Number or Bar Code Label			or 🔯 C	orrespondence Address	below
	Name: Audley A. Ciamporcero,	Jr., Esq.				
	Address: Johnson & Johnson One Johnson & Johnson	. Plozo				
	New Brunswick, NJ 089		USA			
ŀ		TELEPHON		NTACT		
ı	Please direct all telephone calls or tele					
ĺ	Telephone: (732) 524-2792	Fax: (732) 5	24-280	08		
	19. SIGNATURE OF APP	LICANT, AT	TORNI	Y, OR AGE	, , , , , , , , , , , , , , , , , , , 	
ļ	NAME	8 1 11	9		Reg. No. 30,194	
	SIGNATURE andread	T-Cally				
ŀ	DATE Nevember 199	. ()				
L	DATE Nevember , 199	<u> </u>				

	Complete if Known			
	Application Number			
FEE TRANSMITTAL	Filing Dat			
	First Named Inventor			
	Group Art Unit			
	Examiner Name			
	Attorney D cket Number	JBP438		

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)	
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 790.00	
TOTAL CLAIMS	179- 20 =	159	x 22.00	\$3,498.00	
INDEPENDENT CLAIMS	11- 3=	8	x 656.00	\$ 656.00	
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	\$ 270.00	
		TOTAL FEES	\$5,214.00		

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/JBP438/ALC in the amount of \$5,214.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JBP438/ALC. Three copies of this sheet are enclosed.

SUBMITTED E	Complete (if applicable)		
Typed or Printed Name	Andrea L. Colby		Reg. No. 30,194
Signature	Gudien L. Calf	Date: 1 2/4 /98	Deposit Account No. 10-0750